



2017 City of Cottonwood Official Roster/Waiver of Claim Contract
Adult Co-Ed Volleyball

Team Name: _____

Coach Name: _____

Coach's Phone: _____

Coach's Address: _____

Coach's 2nd Phone: _____

Coach's Email Address: _____

***Shirts are for consideration of End of Season prizes only. Not for sponsorship.

EACH OF US, THE UNDERSIGNED PLAYERS, ACKNOWLEDGE, AGREE AND UNDERSIGN THAT *** 1. PLAYING VOLLEYBALL IS HAZARDOUS AND MAY RESULT IN INJURY; AND 2. ASPECTS OF VOLLEYBALL ARE DANGEROUS AND MAY RESULT IN INJURY TO ME OR OTHER PLAYERS; AND FURTHER, EACH OF US AGREE THAT IN CONSIDERATION FOR PERMISSION TO PLAY AT THE COTTONWOOD RECREATION CENTER OR OTHER DESIGNATED VENUES: 1. I ASSUME ALL RISKS OF INJURY INCURRED OR SUFFERED WHILE ON AND/OR UPON THE PREMISES; AND 2. I RELEASE AND AGREE NOT TO SUE THE CITY OF COTTONWOOD, ITS AGENTS, SERVANTS, ASSOCIATIONS, EMPLOYEES OR ANYONE CONNECTED WITH THE CITY OF COTTONWOOD FOR ANY CLAIM, DAMAGES, COSTS OR CAUSE OR ACTION WHICH I HAVE OR MAY IN THE FUTURE HAVE AS A RESULT OF INJURIES OR DAMAGES SUSTAINED WHILE ON AND/OR UPON THE PREMISES OF MINGUS UNION HIGH SCHOOL OR ANY CITY FACILITY; AND *** I HAVE READ THE ABOVE TERMS OF THE CONTRACT, UNDERSTAND THEM AND AGREE TO ABIDE BY THEM. **I, THE UNDERSIGNED PLAYER, ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE CONTRACT.**

Print Player's Name		DOB	Player Signature	Print Physical Address to include City and Zip Code	Phone #	Email Address	Shirt Size
1.)							
2.)							
3.)							
4.)							
5.)							
6.)							
7.)							
8.)							
9.)							
10.)							
11.)							
12.)							
Alt.)							

NO EXCEPTIONS: Rosters must be filled out completely. Roster will be checked for validity. Incomplete rosters or rosters that do not contain 8 minimum players will not be accepted.

As the representative of my team, I agree to follow the rules and regulations for the Cottonwood League, and verify that all information given on this form is true and accurate.

Coach's Signature: _____

Date: _____